



Nursing Care Quality Assurance Commission
PO Box 47864
Olympia, WA 98504-7864
360-236-4703

Personal Recovery Plan

Statement of Intent:

I, _____, am making a commitment on this date _____, to follow my personal recovery plan to the best of my ability. I fully recognize that recovery from chemical dependency is an on-going process that requires continuing attention. It is not condition reached at the end of treatment. Thus, if I am to maintain my sobriety successfully, I will need to develop a firm plan. I will need to plan how my thinking and behavior will be different as I make the transition into a new way of living. So, I am here and now taking an honest step-by-step inventory of my life and actively planning for this new adventure called recovery.

Specific Plan for my Recovery

Before making an item-by-item plan, I will consider:

- What conditions am I faced with that I can do nothing about?
- What situations have I let “get to me” in the past which are really beyond my control?

Now, since the quality of my sobriety will depend on my willingness to do the “footwork”, I will sincerely try to complete the following:

I. Becoming aware of my “Danger Signs”

A. Danger signs I’ve experienced that have pushed me onto “thin ice” are:

B. When I recognize these danger signs, what will I do differently than I have done in the past?

C. How will I handle it if people I respect tell me they are concerned about my sobriety and suggest I’m on shaky ground?



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D. What excuses have I used in the past to start drinking or using?

E. What can I do if I hear myself (my addiction) trying to use the old excuses or ways of thinking?

F. Will I make use of AA/NA? ☐ Yes ☐ No

If so:

a. How many meeting will I attend weekly? _____

b. Which meeting will I consider as my "home" group? _____

c. Do I have a sponsor? ☐ Yes ☐ No

II. Building Healthy Relationships and a Safe Environment

A. What changes have I, or will I, make in my personal relationships?

(Include companionship, sex, etc.)

a. Whom will I stop associating with? Why?

b. What former friends will I seek out?



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c. Where will I find new friends?

B. What are some of my personal assets?

C. How I can use them to help myself?

D. In what ways am I going to improve myself? How will I develop my positive qualities, and gain new ones?

G. How will I satisfy my educational needs? (Include your interests and career goals)

H. How do I plan to use my spare time now that I am no longer being monitored?



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I. How will I have fun? (What are some of the things I use to do that I stopped doing because of drinking and drugging?)

III. Attitudes and Actions – What needs to be changed?

A. How am I going to cope with my personal defects, attitudes, and actions?

B. How could I change this?

IV. Coping with My Emotions (especially the negative ones such as anger and depression)

A. How am I most aware of anger? With whom or what? How have I displayed my anger in the past?

B. What are some of the ways I have expressed or coped with my anger that was constructive? What new ways of coping and expressing my anger have I learned?



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C. One of the hardest feelings for me to handle is, and this is how I intend to handle it now:

D. Will any of the following be a part of my follow-up treatment? (i.e. Psychiatrist, Psychologist, extended group therapy, AV rehabilitation, church, service work, etc.)

V. Making Amends – How will I clear away the wreckage?

A. To whom am I going to make amends?

B. How will I accomplish this?

C. When do I plan to take action on these amends? (When will I begin and how long will it take)



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VI. Unfinished Business

A. As I re-read my plan, I find there are still areas of my life that will directly affect my sobriety. The unfinished business I will have to work on is:

VII. Overcoming Obstacles

A. What conditions, circumstances or situations may arise which could prevent me from following this plan?

B. How can I prevent these from occurring? What could I do to overcome them if they were to occur?

Signature: _____ Date: _____

Print Name: _____